

PROGRAM EVALUATION

Please give us your reactions and make any comments or suggestions that will help us improve this program. We would appreciate your input.

Scale: One to Five (1 - 5) with five (5) being the highest

ORIENTATION WEEK:											
Usefulness/applicability	1	2	3	4	5	Structure of mentor program	1	2	3	4	5
Organization	1	2	3	4	5	Provided groundwork	1	2	3	4	5

GROUP SESSIONS:											
Promoted teamwork	1	2	3	4	5	Informative	1	2	3	4	5
Usefulness/applicability	1	2	3	4	5	Value of group project	1	2	3	4	5

PROGRAM COORDINATOR:											
Planning and organizing of program							1	2	3	4	5
Effectiveness in promoting teamwork							1	2	3	4	5
Communication clear and specific							1	2	3	4	5

YOUR SPECIFIC ASSIGNMENT:											
Substantive work given	1	2	3	4	5	Level of responsibility given	1	2	3	4	5

YOUR SUPERVISOR:											
Planning, organizing and delegating work							1	2	3	4	5
Effectiveness in promoting teamwork							1	2	3	4	5
Communication clear and specific							1	2	3	4	5

PERSONAL DEVELOPMENT:	
Did you experience problems commuting to and from work?	___yes ___no

Did you experience any logistical problems during your assignment (i.e., housing or transportation)?	___yes ___no

What benefits, if any, have you received from participating in this program? _____

Do you feel this experience has contributed to your chosen career? _____

OVERALL:

What areas of this program were of specific interest to you? Why? _____

Which areas of this program were of least interest you? Why? _____

What aspects of this assignment, if any, would you like to have clarified? _____

Do you have any suggestions of ways we can increase our exposure to students about this program? _____

Comments: _____

Name: _____

(Optional)

Date: _____

